

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Allen Samuels

Application No.: 10/804,445

Group No.: 3751

Filed: 03/19/2004

Examiner: Fetsuga, Robert

For: A HYGIENE STATION FOR INDIVIDUALS

**Mail Stop Amendment**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

## AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

## STATUS

2. Applicant is other than a small entity.

## EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for one month:

Fee: \$120.00

## FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)	(Col. 2)	(Col. 3)	OTHER THAN A SMALL ENTITY	
CLAIMS				
REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDIT. FEE

## CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. section 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being sent via EFS to USPTO.GOV:

Date: 8-24-06

Wendy Morgan  
 Signature

Wendy Morgan

(type or print name of person certifying)

TOTAL	27	-	32	=	0	x	\$	50.00	=	\$	0.00
INDEP.	2	-	3	=	0	x	\$	200.00	=	\$	0.00
FIRST PRESENTATION OF MULTIPLE DEP. CLAIM						+	\$	0.00	=	\$	0.00
TOTAL											
ADDIT. FEE										\$	0.00

No additional fee for claims is required.

#### FEE PAYMENT

5. Authorization is hereby made to charge the amount of \$120.00 to Deposit Account No. 50-1097.

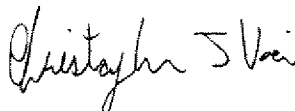
Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

#### FEE DEFICIENCY

6. If an additional extension and/or fee is required, charge Account No. 50-1097.

If an additional fee for claims is required, charge Account No. 50-1097.

Date: August 24, 2006



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